



MHSPHP Metrics Forum

Diabetes

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- Methodology of the HEDIS[®] metrics
- How does the action list differ from the metrics
- FAQs
- AF, Army and Navy success stories

IN THE LAST 12 MONTHS:

- The percentage of diabetics who had an A1C screening
- The percentage of diabetics who had an LDL screening
- The percentage of diabetics who had an LDL <100
- The percentage of diabetics who had an A1C>9 or null*
 - * we invert this to % of diabetics with A1C≤9 so all metrics higher is better
- The percentage of diabetics who had an A1C <8



- 18-75 years old
 - Continuously enrolled in PRIME for 11 of last 12 months
 - Met at least one of following criteria in last 2 years:
 - 2 outpt or non-acute inpt visits with a diabetes diagnosis*
 - 1 ER visit with a diabetes diagnosis*
 - 1 Acute hospitalization with a diabetes diagnosis*
 - Pt was dispensed insulin or oral hypoglycemic or antihyperglycemic medication
- *Diagnosis can be any of the listed diagnoses;

Codes to Identify Denominator Patients

- ICD9 Codes to identify Diabetes

ICD-9-CM Diagnosis
250, 357.2, 362.0, 366.41, 648.0

- Data includes:
 - 8 diagnoses in direct care inpt record
 - 10 diagnoses in direct care outpt encounter
 - 9 diagnoses purchased care inpt claim
 - 5 diagnoses purchased care outpt claim



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Denominator Exclusions

- If the patient only meets the diabetes medication criteria they will not be included on the HEDIS[®] measure or patient lists if they also have one of the following diagnoses in the last 2 yrs:
 - Gestational diabetes, polycystic ovaries, Steroid induced diabetes, prediabetics, metabolic syndrome
 - Must also NOT have a face-to-face encounter with a diabetes diagnosis (inpt, outpt or ER) to be excluded
 - A single diabetes diagnosis will put the pt on the list even if they have an exclusion diagnosis during the measurement window
 - Most common reason a gestational diabetic gets on the list/metric is a miscoded encounter



- A1C Screening Completed test date in last 12 months
- LDL screening
- A1C ≤ 9
- A1C < 8
- A1C < 7
- LDL < 100
- A1C has a result and it is $< \text{or} = 9$
- A1C has a result and it is < 8
- A1C has a result and it is < 7
- LDL has a result and it is < 100

Diabetes Comorbidity

- HEDIS® denominator for HgA1c <7 differs from other diabetic metrics by excluding pts with history of (Comorbidity = “Yes”):
 - Age over 65
 - Coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) in last 24 months
 - Ischemic vascular disease or thoracic aortic aneurysm encounter in both last 12 months AND preceding 12-24 months
 - Any history of:
 - Congestive Heart Failure
 - Myocardial infarction (MI)
 - Chronic Renal Failure/End Stage Renal Disease (CRF/ESRD)
 - Dementia
 - Blindness
 - Amputation – lower extremity



Diabetes Action List versus HEDIS[®]

Action List

- Met one of the diabetes criteria in the last 2 yrs
- Does not meet HEDIS[®] exclusion criteria
- No age restrictions
- Prime and Plus

HEDIS[®]

- Met one of the diabetes criteria in the last 2 yrs
- Does not meet HEDIS[®] exclusion criteria
- 18-75
- Prime only



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Diabetes Microalbumin Prevalence report

- Not displayed on Diabetes Action list because more than one test per pt means duplicate patients on list
- Every diabetic is on list
- If no test date, then pt is overdue



FAQ: when do pts fall off list

- Patients fall off the list when their diagnoses are over 24 months old and the patient no longer meets the criteria
- If you fix the ICD9 code for an encounter in CHCS or inpatient data, the encounter will eventually be updated in our data. The pt will fall off the list when he/she no longer meets the criteria.



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FAQ: Why is this patient on the Diabetes list?

- No evidence in AHLTA of diabetes
 - Pt had to meet criteria to be on list
 - Treated Elsewhere?
 - Miscoded?
 - Most common miscoding is Gestational diabetes
 - Correct Gestation Diabetes Code is ;
 - 648.8_ “Altered Glucose in Pregnancy= Gestational DM
 - Wrong code
 - 648.0_ “Pregnancy complicated by diabetes”= pregnant diabetic
 - FIND reason, don't assume miscoded



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FAQ: Can I exclude a patient who goes to endocrinologist?

- No. You can only enter an exclusion for patients for Other Health Insurance if they have another PCM and do not use the MTF for care (except pharmacy and immunizations)
- As PCM you should know if pt is in control and get copies of the results
- Enter the results into the MHSPHP to update list and Medical Home Metric
- Currently being tested: an AIM form that will allow capture of this data in AHLTA and will count towards HEDIS



- Open Diabetes action list or find patient in question using the Quicksearch (found under Patient list builder)
- Click on pt name to highlight row
- Click on patient detail tab at top of page

Demo data displayed, no real patient information displayed



- Chronic Illness portlet in picture displays how pt met diabetes criteria
- If portlet not visible, click on patient management tab on left side of navigation menu then click Chronic Illness (top of list) to add it to the workspace
- Criteria are described in documentation tab... methodology documents
- Pt must meet one of 4 criteria below in last 2 yrs and portlet will display all:
 - Most recent 2 outpt encounters with diabetes as a diagnosis
 - Most recent ER visit with diabetes as a diagnosis
 - Most recent Hospitalization with diabetes as a diagnosis
 - Most recent dispensing events of diabetic medication

Current User: Contr Judy Demo Rosen (0033 - USAF ACADEMY) || **Logout**

	Overview	Patient Management	Metrics	Reporting
List Patient Management Demonstration	Patient Management			
	SINGLE PATIENT VIEW			
	Chronic Illnesses			
	Clinical Reimbursement Services			
	BP Readings			
	Lab Results			
	A1C Chart			
	LDL Chart			
	Total CHOL Chart			
	HDL Chart			
Chol-HDL Ratio Chart				
High Utilizer				
Locally Entered Data				
Adjusted Clinical Group				
Data Update Form				

PATIENT INFORMATION

Name	Sponsor SSN	FMP	DOB	Age	Gender
+ Ali Andrew		30	11/15/1929	82	F

LOCALLY ENTERED DATA

Add / View Exclusion | Add Test / Screening | Add / View Notes

Note: Only nodes with locally entered data are shown

CHRONIC ILLNESSES

Note: Only illnesses associated with patient are shown

- Diabetes

Visits

07/30/2012	NETWORK	Internal Medicine	Office	250.00
04/02/2012	NETWORK	Internal Medicine	Office	250.00
02/14/2012	NETWORK	INPT	Colorado	250.60

Medications

05/11/2012	NOVOLIN R
06/11/2012	NOVOLIN N
01/19/2012	NOVOLIN N
10/23/2011	NOVOLIN N

Retinal Exam Date: 21 Apr 2011

Insulin: Y

Demo data displayed, no real patient information displayed



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Most Successful Diabetes Metrics*

branch	Type	Name	Diabetic s	With_A1 c_Scr%	A1Clt 9%	A1Clt8 %	A1Clt7 %	With_LD L_scr%	LDLlt1 00%	with retinal %
A	HOSP	BLANCHFIELD ACH-FT. CAMPBELL	800	96.75%	87.00 %	77.63%	64.92%	94.50%	52.13%	83.13%
F	CLINIC	319th MED GRP- GRAND FORKS	119	96.64%	83.19 %	73.95%	51.06%	91.60%	61.34%	78.15%
A	CLINIC	R W BLISS AHC-FT. HUACHUCA	321	95.95%	85.36 %	75.39%	57.41%	92.52%	49.53%	79.13%
F	CLINIC	359th MED GRP- RANDOLPH	1002	95.81%	88.22 %	81.84%	64.75%	94.91%	68.86%	87.23%
F	CLINIC	325th MED GRP- TYNDALL	464	95.69%	87.07 %	81.90%	65.24%	95.04%	58.19%	78.45%
N	CLINIC	NBHC YORKTOWN	83	95.18%	86.75 %	71.08%	56.16%	92.77%	65.06%	74.70%
N	HOSP	NH PENSACOLA	891	94.28%	83.50 %	75.98%	59.71%	92.48%	62.63%	72.62%
N	CLINIC	TRICARE OUTPATIENT- CHULA VISTA	1138	94.20%	86.20 %	76.19%	54.46%	93.94%	70.74%	73.81%

*Metrics from October with yellow $\geq 50^{\text{th}}$ percentile
to $< 90^{\text{th}}$ percentile



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BEST PRACTICE PRESENTATIONS

- Air Force
- Army
- Navy
- DOD/VA CPG WEBSITE:

